

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

43110

1. PLACE OF DEATH

County Shelby  
Township Quinter  
City Quinter (No. ....)

Registration District No. 830  
Primary Registration District No. 6095

File No. 38  
Registered No. ....  
St. .... Ward

2. FULL NAME

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Dr. J. R. Gordon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17 - 1894</u>		
7. AGE YEARS <u>77</u> MONTHS <u>4</u> DAYS <u>28</u>	If LESS than 1 day, .... hrs. .... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year) .....	11. Total time (years) spent in this occupation .....	

12. BIRTHPLACE (CITY OR TOWN) Ken.  
(STATE OR COUNTRY)

13. NAME John Maddox  
14. BIRTHPLACE (CITY OR TOWN) Ken.  
(STATE OR COUNTRY)

15. MAIDEN NAME Jessie Smith  
16. BIRTHPLACE (CITY OR TOWN) Ken.  
(STATE OR COUNTRY)

17. INFORMANT Dr. J. R. Gordon  
(ADDRESS) Quinter, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE 007 Cemetery DATE Dec 16

19. UNDERTAKER J. M. Brothers  
(ADDRESS) Shelby, Mo.

20. FILED Jan 14 1932 Hedgepeth  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14-, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 31, 1931, to 12-12-31, 1931.  
I last saw her alive on 12-12-31, 1931. Death is said

to have occurred on the date stated above, at 4.9 m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver  
466  
466

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes.  
If so, specify .....  
(Signed) A. M. Wood, M. D.  
(Address) Shelby, Mo.

